



SECRETARY OF STATE
Division of Charitable Solicitations
Charitable Gaming Section
312 Eighth Avenue North
8th Floor, William R. Snodgrass Tower
Nashville, TN 37243-0308
(615) 741-2555

WAIVER OF PRIVACY RIGHTS

Please print clearly. This form must be signed before a notary by an Officer, Director, Trustee or Chief Administrative Officer and filed with an annual event application.

1. _____
Name of Organization
2. _____
Physical Address
3. _____
Mailing Address
4. The undersigned understands that:
 - (A) The application is public information and public record; and will be made available for inspection by any member of the public;
 - (B) That all or any portion of the application, supporting forms, documents, statements or attachments may be posted on the internet at the website of the Secretary of State.

I certify that the above information is true, accurate and complete.

Date

Name (Please Print)

Signature

Title

NOTARY

State of Tennessee)
County of _____)

Sworn to before me on (or signed on) this _____ day of _____, 20_____.

Signature of Notary Public

Print Name Clearly

My Commission expires: _____.